IPDR6702				NORTH CAROLINA		PAGE	· 1	1
	: 05/15/2005		IPF	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAGE		
				HECKWRITE DATE: 05/17/2005				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF	_	TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	325	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
				_				
		8800	62	FURTHER PROCESSING NECESSARY,	0	387	387	l .
				PLEASE CHECK FOR CLAIM ON		307	301	·
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	21	5711	DUPLICATE OF CLAIM-SYSTEM				
	DS LME			_				
				+				
		8599	1737	DETAIL NOT COVERED BY COMBINAT	219	9359	15271	591
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	1078	CLIENT NOT ELIGIBLE ON SERVICE				-
			2070	DATE				
			_					
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
			_					
		0	0	+	0	0	0	
					-	-	-	
3404910	PATHWAYS	8505	3483	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	490	FURTHER PROCESSING NECESSARY,	14	4443	5926	148
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	300	DETAIL NOT COVERED BY COMBINAT				
		0399	300	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8505	3135	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	139	DETAIL NOT COVERED BY COMBINAT	152	3487	4569	108
				ION OF RECIPIENT, PROVIDER AND	132	3407	4309	100.
				BENEFIT PACKAGE.				
		8931	138	AMTNC INELIGIBLE TO RECEIVE SE				
			+	RVICES IN IPRS.				
			+		+			
3404913	MECKLENBURG COM	11	1034	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
								L
		8599	272	DETAIL NOT COVERED BY COMBINAT				40-
		5533	212	ION OF RECIPIENT, PROVIDER AND	182	1906	5911	400
			_	BENEFIT PACKAGE.				
		191	190	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
			_					<u> </u>
3404916	CROSSROADS BEHA		35	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL	1		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	20	CLIENT ID NUMBER DOES NOT MATC	1	111	1327	121
				H PATIENT NAME				-
			+					
		5308	14	PRIOR AUTHORIZED UNITS EXCEEDE				
				D				

DROUTER		HTOH DENTS	www.nn				TOTAL	TOTAL
PROVIDER NUMBER	l	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOPEDER	PROVIDER NAME	EUDS	DEMIND	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	8505	965	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
	IN DERVECTO							
		21	606	DUPLICATE OF CLAIM-SYSTEM	87	2376	5235	2859
		5404	273	SEVERE DUPLICATE: SAME ATTD PR				
		3404	213	OV/PCODE/TOS/DOS/MOD				
				07/10022/100/200/102				
3404918	ROCKINGHAM CO M	8505	84	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	44	FURTHER PROCESSING NECESSARY,	0	128	148	21
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404919		8599	265	DETAIL NOT COVERED BY COMBINAT				
3404313	GUILFORD CO MEN	0333	203	ION OF RECIPIENT, PROVIDER AND				
	TAL HEALTHC	 		BENEFIT PACKAGE.				-
	+							
		8505	117	CLAIM DENIED DUE TO INSUFFICIE	93	606	6954	634
				NT BUDGET	33	500	0334	0.541
		İ						
		8931	68	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920	ALAMANCE CASWEL	8505	1566	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	436	DETAIL NOT COVERED BY COMBINAT				
		0399	450	ION OF RECIPIENT, PROVIDER AND	14	2273	3694	1421
				BENEFIT PACKAGE.				
		8800	139	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404921	ORANGE PERSON C	5312	1776	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		8505	946	CLAIM DENIED DUE TO INSUFFICIE	41	3945	5423	147
				NT BUDGET				
		8599	442	DETAIL NOT COVERED BY COMBINAT				
		0333	***	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		 		1				
3404922	THE DURHAM CENT	8599	37	DETAIL NOT COVERED BY COMBINAT				
	ER ER	İ		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	6	CLAIM DENIED ATTENDING PROVIDE	0	44	292	248
				R CANNOT BE THE SAME AS				
				THE LMA				
		7001		DVCCCCCC CVCC CVCC CVCC CVCC				
	-	7001	1	EXCEEDS THE ONE PER DAY LIMITA				
		1		TION				ļ
		1						
3404923		8505	332	CLAIM DENIED DUE TO INSUFFICIE				
	VGFW AREA AUTHO	1		NT BUDGET				-
	11.11							
		 		1				
		8599	98	DETAIL NOT COVERED BY COMBINAT	n	540	2273	1733
		 		ION OF RECIPIENT, PROVIDER AND	0	340	22/3	1/3:
	1	1		BENEFIT PACKAGE.				
		8800	61	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

PROVIDER NUMBER 3404925		UTCH DENIEST	arramen on				TOTAL	TOTAL
	PROUTERR 1	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
3404925	PROVIDER NAME	2020	PHILIPPING.	DESCRIPTION OF THE PROPERTY OF	DENIALS	DENIALS	FINALIZED	PAID
	SANDHILLS CENTE	8505	606	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	172	DETAIL NOT COVERED BY COMBINAT				
		0393	172	ION OF RECIPIENT, PROVIDER AND	42	1054	3082	202
				BENEFIT PACKAGE.				
		8952	115	CLAIM DENIED DUE TO AGE RESTRI				
				CTIONS FOR TARGET POPULATION				
3404926	COUMUNA CHINA DE	8505	706	CLAIM DENIED DUE TO INSUFFICIE				
	SOUTHEASTERN RE G MENTAL HL			NT BUDGET				
	G MENIAL HE							
		143	121	CLIENT ID NUMBER NOT ON STATE	69	1154	3592	243
				ELIGIBILITY FILE				
		8599	107	DETAIL NOT COVERED BY COMBINAT				
		0333	207	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1						
3404927	CUMBERLAND CO M	8505	1939	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	167	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	9	2443	4545	210
				FUTURE RA'S.				
		+					 	
		8599	86	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	8505	2047	CLAIM DENIED DUE TO INSUFFICIE				
	DD/SAS			NT BUDGET				
		21	308	DUPLICATE OF CLAIM-SYSTEM				
			300	bordient of child brothe	0	2650	3987	133
		8599	132	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0505						
3404930	JOHNSTON COUNTY	8505	2285	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	MNTL HLTHC			NI BODGEI				
		8800	186	FURTHER PROCESSING NECESSARY,	0	2471	2513	4
				PLEASE CHECK FOR CLAIM ON	-			
				FUTURE RA'S.				
3404931	WAKE CO HUM SVC	21	1104	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		8599	677	DETAIL NOT COVERED BY COMBINAT	40	2637	4868	223
				ION OF RECIPIENT, PROVIDER AND	40	2037	4008	223
		+		BENEFIT PACKAGE.				
		8505	208	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404932		0	0	*** NO DATA TO DEPODE ***	1			
,,,,,,,,,	RANDOLPH/SANDHI		3	*** NO DATA TO REPORT ***		 	 	-
	LLS CO MH C	+					 	
		+		+				
		0	0		0	0	0	- 1
		<u> </u>	<u> </u>					
		1						
3404933	SOUTHEASTERN CT	8505	808	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD	1		NT BUDGET				
		1			1			
		11	291	CLIENT NOT ELIGIBLE ON SERVICE				
	1	+ -	1	DATE	22	1411	3386	197
		1	1	1			L	
		8599	103	DETAIL NOT COVERED BY COMBINAT				
		8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

							TOTAL	TOTAL
ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404934	OVATAM COUNTY D	8599	220	DETAIL NOT COVERED BY COMBINAT				
	ONSLOW COUNTY B EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	145	CLAIM DENIED DUE TO INSUFFICIE	1	511	1156	645
				NT BUDGET				
		8800	95	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
40.402E		0	0	III WO DIEL TO DEPONE III				
404935	WAYNE CO MENTAL	U .	U	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
104936		8505	1568	CLAIM DENIED DUE TO INSUFFICIE				
104936	WILSON-GREENE M	8303	1300	NT BUDGET				
	ENTAL HEALT							
		8800	61	FURTHER PROCESSING NECESSARY,	1	1642	1729	87
-				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	11	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
104937	EDGECOMBE NASH	21	15	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		5404	7	SEVERE DUPLICATE: SAME ATTD PR		30	1953	1923
		3404	,	OV/PCODE/TOS/DOS/MOD	U	30	1953	1923
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
104938	HORM DDA DAHEDO	24	24	PROCEDURE CODE, PROCEDURE/MODI				
	VGFW DBA RIVERS TONE COUNSE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE	4	32	709	677
				RVICES IN IPRS.				
		8599	2	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
104939	NEUSE MENTAL HE	8505	742	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		1						
		8599	110	DETAIL NOT COVERED BY COMBINAT	3	956	2581	1625
	<u> </u>		<u> </u>	ION OF RECIPIENT, PROVIDER AND		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2301	
-				BENEFIT PACKAGE.				
		0.651	24	OMILY FOUR UNITED ATTOMER THE MC				
		8651	31	ONLY FOUR UNITS ALLOWED PER MO				
		1						
04941	PITT CO MH/DD/S	11	992	CLIENT NOT ELIGIBLE ON SERVICE				
	AS CENTER			DATE				
	-	8599	141	DETAIL NOT COVERED BY COMBINAT				
		0.33	-41	ION OF RECIPIENT, PROVIDER AND	28	1378	2677	1299
				BENEFIT PACKAGE.				
		21	90	DUPLICATE OF CLAIM-SYSTEM				
04942	DOLLOW	8505	120	CLAIM DENIED DUE TO INSUFFICIE				
	ROANOKE CHOWANH UMAN SERVIC			NT BUDGET				
	OVERN SERVIC							
		1						
	<u> </u>	8599	86	DETAIL NOT COVERED BY COMBINAT	7	236	1136	900
-				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	20	DUPLICATE OF CLAIM-SYSTEM				<u> </u>
		1	-					
	1	+				l		

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8505	1065	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		11	44	CLIENT NOT ELIGIBLE ON SERVICE	46	1291	2212	636
				DATE				
		8800	37	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404944	EASTPOINTE HUMA	8505	488	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		40	450	DATE OF SERVICE MISSING OR INV	56	1286	2779	1493
				ALID. VERIFY				
				AND ENTER CORRECT DOS AND SUBM				
		8800	142	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404946	FOOTHILLS AREAM	8599	368	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		0.4	240	DUPLICATE OF CLAIM-SYSTEM				
		21	349	DOPLICATE OF CLAIM-SISTEM	26	853	11600	10747
	_	191	47	CLIENT ID NUMBER DOES NOT MATC				
	_	191	47	H PATIENT NAME				
				N PALLENI NAME				
	_							
3404957	_	8505	361	CLAIM DENIED DUE TO INSUFFICIE				
3404937	TIDELAND MENTAL	0303	301	NT BUDGET				
	HEALTH CTR			MI DODGEI				
		8599	341	DETAIL NOT COVERED BY COMBINAT	20	989	5100	4111
				ION OF RECIPIENT, PROVIDER AND	20	989	5100	4111
				BENEFIT PACKAGE.	-			
		8800	232	FURTHER PROCESSING NECESSARY,	-			
			1	PLEASE CHECK FOR CLAIM ON	-			
				FUTURE RA'S.				
3404979	NEW RIVER AREAM	8505	659	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				l
	,,							l
		8800	248	FURTHER PROCESSING NECESSARY,	0	928	946	18
				PLEASE CHECK FOR CLAIM ON	-	520	340	10
				FUTURE RA'S.	1			
								l
		11	19	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				l
		1	1	T. Control of the Con	1		1	